	nation to identify your case:		
Debtor 1	Flameka Brown		
D 14 2	Full Name (First, Middle, Last)		
Debtor 2 (Spouse, if filing)	Full Name (First, Middle, Last)		
(Spouse, II IIIIIg)	SOUTHERN DISTRICT OF		
United States Ba	inkruptcy Court for the MISSISSIPPI		is an amended plan, and sections of the plan that
Case number:		have been ch	
(If known)			
Chapter 13	Plan and Motions for Valuation and Lien Avoidance		12/17
Part 1: Notice	es		
To Debtors:	This form sets out options that may be appropriate in some cases, but the indicate that the option is appropriate in your circumstances or that it is do not comply with local rules and judicial rulings may not be confirmal debts must be provided for in this plan.	permissible in your judic	ial district. Plans that
	In the following notice to creditors, you must check each box that applies		
To Creditors:	Your rights may be affected by this plan. Your claim may be reduced, m	odified, or eliminated.	
	You should read this plan carefully and discuss it with your attorney if you h an attorney, you may wish to consult one.	ave one in this bankruptcy	case. If you do not have
	If you oppose the plan's treatment of your claim or any provision of this to confirmation on or before the objection deadline announced in Part 9 (Official Form 309I). The Bankruptcy Court may confirm this plan with is filed. See Bankruptcy Rule 3015.	of the Notice of Chapter	13 Bankruptcy Case
	The plan does not allow claims. Creditors must file a proof of claim to be pair	d under any plan that may	be confirmed.
	The following matters may be of particular importance. <b>Debtors must check plan includes each of the following items. If an item is checked as "Not In provision will be ineffective if set out later in the plan.</b>		
	on the amount of a secured claim, set out in Section 3.2, which may result all payment or no payment at all to the secured creditor	in Included	☐ Not Included
	nce of a judicial lien or nonpossessory, nonpurchase-money security intere in Section 3.4.	st,	<b>✓</b> Not Included
1.3 Nonstan	ndard provisions, set out in Part 8.	☐ Included	<b>✓</b> Not Included
Part 2: Plan P	Payments and Length of Plan		
2.1 Length	of Plan.		
	hall be for a period of <u>60</u> months, not to be less than 36 months or less than this of payments are specified, additional monthly payments will be made to the lan.		
2.2 Debtor	(s) will make payments to the trustee as follows:		
	<b>\$233.00</b> (☐ monthly, ☐ semi-monthly, ☐ weekly, or ✓ bi-weekly) to the irecting payment shall be issued to the debtor's employer at the following addre		otherwise ordered by the
	St. Dominic Hospital		
	Post Office Box 24056	_	
	Jackson Mississippi 39225	_	
		<del></del>	

APPENDIX D Chapter 13 Plan Page 1

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Debtor	FI	ameka Brown		Case number		
2.3	Income t	ax returns/refunds.				
	Check all	that apply				
	<b>✓</b>	Debtor(s) will retain any ex	xempt income tax refunds rece	eived during the plan term.		
		Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all non-exempt income tax refunds received during the plan term.				of filing the
		Debtor(s) will treat income refunds as follows:				
	itional pay	ments.				
Chec	ck one. ✓	None. If "None" is checke	d, the rest of § 2.4 need not be	completed or reproduced.		
Part 3:	Treatme	ent of Secured Claims				
3.1	Mortgag	es. (Except mortgages to	be crammed down under 11	U.S.C. § 1322(c)(2) and id	entified in § 3.2 herein.).	
<b>√</b> Inser	None. If	that apply. f "None" is checked, the re ll claims as needed.	st of § 3.1 need not be comple	ted or reproduced.		
3.2	Motion f	or valuation of security, p	payment of fully secured claim	ms, and modification of u	ndersecured claims. Check	one
			d, the rest of § 3.2 need not be agraph will be effective only i		t 1 of this plan is checked.	
	<del>_</del>	amounts to be distributed t at the lesser of any value so	ale 3012, for purposes of 11 U. o holders of secured claims, de et forth below or any value set dline announced in Part 9 of tl	ebtor(s) hereby move(s) the forth in the proof of claim.	e court to value the collateral Any objection to valuation s	described below shall be filed on
		of this plan. If the amount treated in its entirety as an	I claim that exceeds the amount of a creditor's secured claim is unsecured claim under Part 5 on the proof of claim controls	s listed below as having no of this plan. Unless otherwi	value, the creditor's allowed ise ordered by the court, the a	claim will be
Name o	of creditor	Estimated amount of creditor's total claim #	Collateral	Value of collateral	Amount of secured claim	Interest rate*
CAPIT. FURNI		\$300.00	Furniture	\$400.00	\$300.00	6.75%
Name o	of creditor	Estimated amount of creditor's total claim #	Collateral	Value of collateral	Amount of secured claim	Interest rate*
Title C	ash	\$1,300.00	2004 Dodge Durango Debtor drives	\$1,500.00	\$1,300.00	6.75%
Insert aa	lditional cl	aims as needed.				
#For mo	bile homes	and real estate identified in	n § 3.2: Special Claim for taxe	es/insurance:		
-NONE	Name of	creditor	Collateral	Amount per month	Beginn	ning

<sup>\*</sup> Unless otherwise ordered by the court, the interest rate shall be the current Till rate in this District

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Debtor	-	Flameka Brown		Case number		
For veh	icles ide	entified in § 3.2: The current mil	eage is			
3.3	Secure	ed claims excluded from 11 U.	S.C. § 506.			
Che	ck one. □ ¥	None. If "None" is checked, The claims listed below were	the rest of § 3.3 need not be completed on either:	r reproduced.		
		(1) incurred within 910 days acquired for the personal	before the petition date and secured by a use of the debtor(s), or	purchase mone	y security interest in a m	otor vehicle
		(2) incurred within 1 year of	the petition date and secured by a purcha	se money secui	rity interest in any other t	hing of value.
		claim amount stated on a pro	full under the plan with interest at the rate of of claim filed before the filing deadling. In the absence of a contrary timely filed	e under Bankru	ptcy Rule 3002(c) contro	ols over any
	Naı	me of Creditor	Collateral	n al	Amount of claim	Interest rate*
		eptance pa	17 Ford Fusion (daughter drives ar ys for this automobile)		\$18,500.00	6.75%
*Unless	otherwis	se ordered by the court, the inter	rest rate shall be the current Till rate in the	is District.		
Insert ad	dditional	claims as needed.				
3.4	Motion	n to avoid lien pursuant to 11	U.S.C. § 522.			
Check o						
	<b>✓</b>	<b>None.</b> If "None" is checked,	the rest of § 3.4 need not be completed or	r reproduced.		
3.5	Surre	nder of collateral.				
	Check <b>✓</b>		the rest of § 3.5 need not be completed or	r reproduced.		
Part 4:	Treat	ment of Fees and Priority Cla	ims			
4.1			claims, including domestic support obliga	ations other tha	n those treated in § 4.5, v	will be paid in full
4.2	Trustee's fees Trustee's fees are governed by statute and may change during the course of the case.					
4.3	Attorn	ney's fees.				
	<b>✓</b> No	look fee: 3,600.00				
	To	otal attorney fee charged:	\$3,600.00			
	At	ttorney fee previously paid:	\$290.00			
		ttorney fee to be paid in plan pe onfirmation order:	\$3,310.00			
	☐ Но	urly fee: \$ (Subject to ap	proval of Fee Application.)			
1.4	Priori	ty claims other than attorney'	s fees and those treated in § 4.5.			
	Check	one.				
	<b>✓</b>		the rest of § 4.4 need not be completed or	r reproduced.		

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Debtor	F	lameka Brown		Case number	
		Internal Revenue Service	\$0.00		
	$\vdash$	Mississippi Dept. of Revenue	\$0.00	·	
		Other	\$0.00	·	
4.5	Domest	ic support obligations.			
	<b>✓</b>	None. If "None" is checked, the re	est of § 4.5 need not be completed	d or reproduced.	
Part 5:	Treatm	nent of Nonpriority Unsecured Cla	aime		
5.1		ority unsecured claims not separate			
<b>✓</b>	Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. <i>Check all that apply</i> .  The sum of \$ 354.00				
5.2	Regar	estate of the debtor(s) were liquidated dless of the options checked above,	payments on allowed nonpriority	y unsecured claims will be made	
5.4	Other se	eparately classified nonpriority u	nsecured ciaims (speciai ciaima	mts). Cneck one.	
	✓	None. If "None" is checked, the re	est of § 5.3 need not be completed	d or reproduced.	
	_				
Part 6:	Execut	ory Contracts and Unexpired Lea	ases		
6.1	The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. <i>Check one</i> .				All other executory
	<u></u> ✓	None. If "None" is checked, the re Assumed items. Current installme below, subject to any contrary cou includes only payments disbursed	ent payments will be disbursed ei art order or rule. Arrearage payme	ther by the trustee or directly by tents will be disbursed by the trust	
Name	of credit	property or executory	Current installment payment	Amount of arrearage to be paid	Treatment of arrearage
Progre Leasin		Furniture	\$113.00 per month with approximately 12 payments remaining  Disbursed by:	\$0.00	
			<ul><li>☐ Trustee</li><li>✓ Debtor(s)</li></ul>		
Insert ad	lditional c	ontracts or leases as needed.	<u></u>		
Part 7:	Vesting	g of Property of the Estate			
7.1		y of the estate will vest in the debt	tor(s) upon entry of discharge.		
Part 8:	_	ndard Plan Provisions			
8.1	Check '  ✓	'None'' or List Nonstandard Plan None. If "None" is checked, the re		ed or reproduced.	
Part 9:	Signatures:				
9.1	Signatures of Debtor(s) and Debtor(s)' Attorney				

Mississippi Chapter 13 Plan

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Debtor	Flameka Brown	Case number
		st sign below. If the Debtor(s) do not have an attorney, the Debtor(s) must provide their
	ddress and telephone number.	<del></del>
	lameka Brown	X
	ieka Brown	Signature of Debtor 2
Signa	ture of Debtor 1	
Execu	uted on May 7, 2019	Executed on
468 F	Pine Ridge Drive	
Addre	ess	Address
Madis	ison MS 39110-0000	
•	State, and Zip Code 506-9308	City, State, and Zip Code
	shone Number	Telephone Number
X /s/ Willi	/illiam W. Stover, Jr.	Date <b>May 7, 2019</b>
Willia	am W. Stover, Jr.	
	ture of Attorney for Debtor(s)	
	South State Street	
Jackso Address	son, MS 39201	
	ess, City, State, and Zip Code	<del>_</del>
	949-5000	8885 MS
Telep	phone Number	MS Bar Number
	@wesstover.com	
Email	l Address	<del></del>